## **Louisville Metro Emergency Services**

Office of Special Events 410 South Fifth Street, Suite 100 Louisville, KY 40202 502-572-3467

## **TEMPORARY SALE OR DISPLAY OF MOTOR VEHICLES APPLICATION**

Date:				
Name of Motor Vehicle Dealer:		License #:		
Address:				
Street Address		City	State	Zip
Contact:	Phone:		Fax:	
LOCATION OF TEMPORARY SA	LE OR DISPLAY			
Address:Street Address			State	7in
# of Spaces Required: St	art Dato:	•		•
n or spaces requiredse	.art Bute			
ADDITIONAL REQUIREMENTS				
• Fee \$50.00 made payable to	Metro Finance at tim	e of applica	ation	
Permission letter from prope Tents larger than 20 x 20 reg.	•			
Tents larger than 20 x 20 requ	uire additional perm	ı		
Signature of Applicant:			Date:	
ZONING				
Zoning Location of the Temporary Sa	ale:		☐ Approved	☐ Denied
oning Official Signature:			Date:	
Office Use Only				
Date Received: Rec	eived By:			
☐ Approved ☐ Denied	Date Permit Sent/Pi	cked Un:		